



Delaware Department of Natural Resources and Environmental Control

Is pleased to announce our second

Universal Recycling Grant and Low Interest Loan Program offering

DEADLINE: MARCH 14, 2012 by 4:30 P.M.

You have reached The Delaware Department of Natural Resources and Environmental Control's Universal Recycling Grant and Low Interest Loans application page. Before proceeding any further, please be sure that you have thoroughly read the Universal Recycling Grant and Low Interest Loan guidance document located at <http://www.dnrec.delaware.gov/whs/awm/Pages/RecyclingGrants.aspx>

Before beginning, you will need to save this application to your computer. Using the "save as" command, save your application in the following format: name of your organization_recycling_grant.pdf to your computer. This will enable you to save your application as you are working on it. Example: DNREC_recycling_grant.pdf

Please complete this application in its entirety; failure to do so may result in your application being deemed ineligible for consideration. You will need to include invoices and/or receipts to support the amount of grant funds requested. **To ensure that all pages of your application are kept together, please be sure to enter your organization name and EIN number at the bottom of pages 2 thru 4 and the top of page 5.**

Methods for submission:

- You can complete and submit your application by email. Please follow the instructions above for saving your application to your computer before completing. You will need to scan and attach invoices and/or receipts to justify the amount of funding requested. If you do not have scanning capability, you may mail or deliver your invoices following the guidelines below. Please include a copy of page one of the application with mailed or delivered invoices for identification purposes. All attachments are limited to a 10 megabyte size limit. All scanned documents need to be saved at 150 dpi or less. Email your completed application and invoices to: DNREC_Recycling_Grants@state.de.us.
- You can mail in your completed typewritten application to the address at the end of this page. Be sure to include invoices and/or receipts to justify the amount of funding requested. All paper applications must be received at DNREC by the deadline. Simply postmarking your application by the deadline will not constitute it being received on time. DNREC highly encourages the use of certified mail. This will enable you to track the delivery of the application online.
- You can drop off your application with all supporting documentation at the address provided below by the deadline. If you choose to drop off your application, it must be in a plain envelope with "Attention Jim Short" written on the outside of the envelope.

Please note: Handwritten applications will not be accepted. All applications must be typed.

If you have technical questions about completing the application, you may call 302-739-9403 Monday thru Friday from 8 am thru 4:30 pm and ask for Bill Miller or Jim Short. For content questions, please see the FAQ section on the main webpage located at <http://www.dnrec.delaware.gov/whs/awm/Pages/RecyclingGrants.aspx>. This website will be updated periodically during the application acceptance period.

**DNREC – Recycling Grant & Loan Program
Solid and Hazardous Waste Management Branch
89 Kings Highway
Dover, Delaware 19901
Attn: Jim Short**

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This page must be completed in its entirety. Failure to provide the information requested could result in your application being deemed ineligible.			
Project Title			
Name of Organization			
EIN/Tax ID Number			
Brief Project Description			
# of Customers ¹ Block			
Total Funding Requested			
Is the organization applying for this program delinquent on any state or federal taxes? Yes No			
Please choose the form of funding you are applying for: Grant Loan			
I certify under penalty of law that I have personally examined and am familiar with the information contained in this application and that to the best of my knowledge, I believe the submitted information is true, accurate, and complete.			
Manager/Director Name	Project Manager Name		
Title	Title		
Name of Organization	Name of Organization		
Address Line One	Address Line One		
Address Line Two	Address Line Two		
Phone Number with Area Code	Phone Number with Area Code		
Email Address	Email Address		

DNREC IS NOT RESPONSIBLE FOR MAINTAINING COPIES OF APPLICATIONS EXCEPT WHEN REQUIRED BY STATE LAW FOR STATE USE. APPLICANTS SHOULD MAINTAIN A COPY FOR THEIR PERSONAL RECORDS.

¹ NUMBER OF CUSTOMERS MEANS EITHER THE # OF MULTI-FAMILY CUSTOMERS BEING SERVED IN AN APARTMENT OR CONDOMINIUM COMPLEX OR THE NUMBER OF SINGLE-FAMILY CUSTOMERS SERVED IF THE APPLICANT IS A SINGLE-FAMILY WASTE SERVICE PROVIDER.

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Goal		Text in this section should not exceed <u>one quarter</u> page. Please describe what your proposed recycling project will accomplish.					
Benefits		Text in this section should not exceed <u>one quarter</u> page. Please describe how, and by what amount, will your project increase diversion of the targeted waste stream.					
Implementation		Text in this section should not exceed <u>one quarter</u> page. Please describe how the project will be implemented, including the timeframe of benchmarks and individual program aspects.					
Organization Name:				EIN#			

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Outreach and Education	Text in this section should not exceed <u>one quarter</u> page. Discuss your plan for informing the potential participants of your program that it is available, how to participate, and of any benefits.			
Performance Measures	Text in this section should not exceed <u>one quarter</u> page. Please discuss what unit(s) of measure you will use to determine the success of the project. Discuss how and when you will calculate or track these measurements.			
Organization Name:			EIN#	

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Sustainability	Text in this section should not exceed <u>one quarter</u> page. Describe how your project will continue once you have used the grant or loan funds. Will you be able to continue independent of future grants or loans?			
Partnering	Text in this section should not exceed <u>one quarter</u> page. Please describe any partnering relationships that will occur and the nature of those partnerships. How will they affect the effectiveness or efficiency of your project?			
Organization Name:			EIN#	

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	Organization Name				EIN#		
Expenditures	Service Description	Vendor Name	Cost Per Unit	Quantity	Total Cost	Applicant Match Cash	Applicant Match In-Kind
Trucks							
Existing Truck Upgrades							
Recycling Carts							
Recycling Dumpster							
Outreach and Education							
Special Studies							
Other Expenses Listed Separately							
Total:							

This budget form **does not calculate totals for you. Please ensure that you check your totals for accuracy. Failure to calculate totals will result in the application being considered incomplete.*

***Supporting documentation in the form of invoices and/or receipts must be submitted to justify your requested grant amount shown above in this budget form.*